

SC
KIM SMITH CT-2162
1 KELLEY DR.
COAL TOWNSHIP PA, 17866-1021

COPY

34

OCT. 15, 2001

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA
228 WALNUT ST.
P.O. BOX 983
HARRISBURG PA. 17108

FILED
SCRANTON

NOV 07 2001

PER 
DEPUTY CLERK

IN RE : Alternative Motion for Injunction to Stop the Abuse and to Put a freeze on
the defendants assets.
Docket numbers 1:CV-0817

Dear Sir:

Petitioner prays that a less stringent standard be applied to this pro-se pleading, as petitioner is without the required knowledge of a learned attorney or his aid, and prays a less stringent standard be applied to this pleading and letter in the form of a motion.

Petitioner respectfully request a T.R.O. Injunction to stop the abuse and still denial of health care for a serious illness, see the enclosed as a form of evidence of the abuse that has since continued.

On Oct. 12, 2001 at 9 a.m. a C.O. Henny and Brobaker shook down my cell and took about \$ 11.00 worth of markers making a false claim that this institution has a policy that such must be in a clear container or casing. This is true for ink pens, not markers, then he goes on to state that these are not sold in this institution and I had no right to them. Then he goes on to claim that these are the commonwealths markers, notheless they were taken. Depriving petitioner his right to do art work and mark legal work when doing research. This officer knew or he

should have known that his act was in violation of my rights and policy by this institution when he took them.

This act comes a day after petitioner got a Subpoena for his medical records sent to the institution, for the above claim, since the shake down and the manner in which it was applied petitioner feels that it was directed at him to bring him harm, and injury and hinder the access to the court. Also the manner in which funds are being taken and institutional business office takes 20 % of all monies coming in including personal gifts, which is not stated in 28 U.S.C.

1915(3)(b)(1)(A)(B)(2)(3)(4)(c), nor is it stated that funds are to be placed in an escrow account. see the enclosed grievance on this issue.

Because these C.O. during the shake down only took items that belong to me and fruit even when cell mate fruit was in clear showing this C.O. went into cabinet and took petitiors fruit even when petitioner stated he was diabetic. Then he goes on and states that he can not return them cause he was using the bag as a spit tune for his snuff spit, dragging it threw cell leaking this spit every where. Therefore for these reason petitioner prays that a restraining order be issued and inforced as well as the freezing of assets for the defendants.

RESPECTFULLY

KIM SMITH CT-2162

1 KELLEY DR.

COAL TOWNSHIP PA. 1/866-1021

OCT. 16, 2001

OFFICE OF THE CLERK

UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

235 N. WASHINGTON AVE.

P.O. BOX 1148

SCRANTON PA. 18501

IN RE: Additional information of deliberate indifference and denial of health care
for a serious illness that may result in death.

Docket number 1:01-cv-00817

Dear Sir;

I'm in hopes that the enclosed information can be used in the above listed civil action, that these parties expected plaintiff to use the C-pap device while in the RHU. at S.C.I.S. and at S.C.I.C. when their was no power in these cells to use the device. It is a known fact that all of the state institution do not have power in the cells in the RHU, and all of plaintiff request for this device went unaddressed and have since been addressed, with claims that plaintiff signed a refusal form and that their is no evidence, and other issues to support giving plaintiff the use of this health care device. Since it is clear in plaintiff medical record this illness, and that he stops breathing 16 or more time each hour during sleep, at 16 or more second each time has since fallen on deaf ears and any injury that might be sustained when oxygen in blood stream goes low during sleep and the damaging affect it will have on the brain lungs heart and respiratory system. Knowing this the medical staf still has refused to issue this device, and have since went on to falsify records that if anything happens to plaintiff or death that they do not want to be responsible, stated Dr. Long and staff at S.C.I.C. have since stated that this institution has a policy that inmates wwith such illness do not get treated and then goes on to state that its a Department of Correction policy that supports this level of abuse for health care.

to know of a health condition and refuse to treat it is a clear and convincing showing of deliberate indifference, to a serious health care condition. Even if I did refuse to use such in the past this institution and the Department of Correction are not justified in denying it use at present based on a false claim that plaintiff refused it use, more over when requesting the use of this device now plaintiff should be given consideration, and given this device when his medical records show a need for such and that the condition is documented. For this reason and the on going abuse and denial of health care for this condition and fear for safety and even death from the denying the use of the C-pap device by staff at this institution plaintiff fear for his safety. That these parties know or should have known that their refusal to treat a documented illness will have harmful consequences, and could result in death, shows a deliberate indifference standard to a serious illness, and even in the future denial of this health care for these reason plaintiff submits this additional information to his case.

RESPECTFULLY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

September 26, 2001

Kim Smith, CT 2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance No. 1087

Dear Mr. Smith:

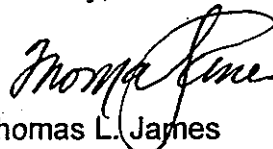
This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of this grievance; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. There is documented evidence that you refused the C-Cap on several occasions and were non-compliant. This does not support your claim of discrimination, deprivation of health and attempted murder. Your medical records were discussed with you related to another grievance and you were provided an opportunity to review your records again. I suggest you take advantage of the opportunity to meet with the medical staff before you pursue these unfounded allegations.

The responses provided at the institutional level are appropriate and in accordance with Department of Corrections policies and procedures. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ/rh

cc: Superintendent Gillis

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution Coal Township
(570) 644-7890
October 1, 2001

SUBJECT: Appeal from Initial Review Grievance 3895

TO: Kim Smith CT-2162
D-2-19

FROM:  19
Frank D. Gillis
Superintendent

I have received your Request for Appeal from Initial Review of the above-noted grievance and I have reviewed the entire record related to this matter.

I find the response provided you by Mrs. Dascani, in her capacity as Grievance Officer, to be proper and it shall, therefore, be sustained. Your Request for Appeal from Initial Review of Grievance 3895 is denied.

FDG/jh

cc: DC-15
File

KIM SMITH CT-2162
1 KELLEY DR.
COAL TOWNSHIP PA. 17866-1021

Received
SCI Coal Township

01 SEP 28 AM 9:02

Superintendent's Assistant
Office

OCT. 1, 2001

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA
WILLIAM NEALSON FEDERAL BLDG.
235 NORTH WASHINGTON AVE.
P.O. BOX 1148
SCRANTON PA. 18501-1148

Kim Smith CT2162

Appeal to insurance # 3895 Date 9-14-01

IN RE: IN FORMA PAUPERIS STATUS AND DEDUCTION FROM INMATES ACCOUNT.

DEAR SIR,

The reason for this letter is that I'm concerned by the manner in which this institutions business office Mr. Voelker is deducting the filing fee under 28 § U.S.C.A. 1915 in forma pauperis status which I was granted in a 1983 civil action in this honorable court.

The staff at this institution takes 20 % of all money's put on my account even personal gifts. It is my understanding that this statue stated that 20 % of monthly allowance is to be taken, or for a working month. A personal gift is not income under this statue and 20 % should not be taken of this amount. Also the fact that Mr. Voelker request inmates to forward legal mail to him for his approval before sending the legal mail out, to be granted indigent status. The manner in which funds are being taken is depriving me of personal needs and legal paper, carbon, postage, personal needs, as often I must go in the red for postage, and deprive myself of personal needs and maintaining contact with loved ones, because most of my funds are being taken. No amount of a personal gift should be taken, as such is sent to insure inmates ability to provide for his personal needs. This fee comes off my account when ever I get funds and is placed in an escrow account in the institution book keeping system, and it staffs their until the next month and the fee is paid, and such is being done every month in this manner. If I

get a \$ 20.00 money order from mother for personal needs in Sept. \$ 5.00 of this amount is taken and placed in an escrow account until payment is made in Oct. and I sure that this statue was not set to deprive an inmate of his fundimental necessities and to hinder his litigation. Petitioner has a financial inability to pay and this claim is not frivolous. *Anderson v. City of Chicago* N.D. Ill. 1992, 803 F Supp. 1327. *Lawson v. Prasse*, C.A. 3 (Pa)

1969, 411 F2d. 1203; *Carroll v. U.S. D.C. Tex.* 1970, 320 F Supp. 581. In the manner in which the in forma pauperis status is being applied is depriving petitioner of the small amenities of life which they are permitted to acquire in a prison, that is beyond items furnished by the state. Minimal amenities which a prisoner may acquire need not be surrendered in order to litigate in forma pauperis in a District Court. *Souder v. McGuire* C.A. 3 (Pa.) 1975, 516 F2d. 820, See also *In Re Smith*, C.A. 8 (S.C.) 1980, 626 F2d. 363.

To prepay this fee in this manner in which funds are being deducted are set to deprive and hinder petitioner from adequately repling and filing with the court in a timely manner, and is directed against petitioner to chill his litigation and to stop the abuses he is being subjected to at the hands of prison officials, if it is not at one level its at the other. *Weaver v. Toombs*, C.A. 6 (Mich.) 1991, 948 F2d 1004.

For these forgoing reason petitioner respectfully request the Court issue a new order directing institutional staff to only take 20 % of monthly allotments to petitioners account that under this statue personal gifts from family and loved ones are not subjected to this statue at least such is not stated.

Prison trust fund account, Prison Litigation Reform Act (PLRA) provision requiring prison to forward 20 % of indigent inmates preceding month's income to the court until inmates civil filing fee is paid required, and violation of the \$ 10.00 minimum perscribed by (PLRA) and district court order underlining the pending litigation. *Chachere v. Barerra* C.A. 5 1998 135 F2d. 950. See United States Annotated Title 28 Judiciary and Judicial Procedures §§ 1861 to 2200, 2001 Cumulative Annual Pocket Part under 1915 (3)(b)(1)(A)(B)(2)(3)(4)(c) would you please instruct the institution business office, as I feel they are knowingly and intentionally with deliverrate indifference violation this statue to deprive at no time are they to take Oct. filing fee in Sept. depriving me of needed personal items and postage and other items to file adequaely with the court. Since all request on this issue has since went unaddressed by institutional staff I feel I have no other course but to file this motion with the court in the nature of a mandamus seeking injunction to stop this abuse that seems to be depriving me of the smallest needs that are required by a prisoner. I can even afford to buy typing paper or writing paper, and use the back of request slips to reply to letters and other court pleadings.

Therefore it is hoped and prayed for that this court will consider this letter in the nature of a mandamus, to stop the abuse in which my account is being abused and funds are repeatedly being taken without cause.

RESPECTFULLY SUBMITTED

A handwritten signature in black ink, appearing to read "Kim Anderson", is written over a horizontal line.

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Warden Gellie</i>	2. Date: <i>9-26-01</i>
3. By: (Print Inmate Name and Number) <i>Kim Smith CT#162</i> <i>Kim Smith</i> Inmate Signature	4. Counselor's Name <i>Mr. Moser</i> 5. Unit Manager's Name <i>Mr. Smith</i>
6. Work Assignment <i>FK</i>	7. Housing Assignment <i>D-2-19</i>
8. Subject: State your request completely but briefly. Give details. <i>Enclosed you will find an appeal to Governor Lee United States Constitution, 22 Judiciary and Judicial Procedure §§ 1861 to 2200, 2001 Cumulative Annual Packet Part under 1915 (3)(A)(1)(B)(2)(3)(4)(5) no where is it stated all incoming money nor does it state funds are to be placed in an escrow account. Staff should read the above</i>	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____ Date _____
 Print Sign

APPEAL TO FINAL REVIEW.
GRIEVANCE NUMBER 1087-01

ISSUE HEALTH CARE. C-PAP BREATHING DEVICE
DATE 8-4-01 S.C.I.C.

This is an appeal from a decision provided me regarding a c-pap device which I had at S.C.I.S. until I was placed in RHU, for 7 months at which time this device could not safely be used and there was no power in these RHU. cells at the time and the plug sockets were so damaged that the device would not work. At that time a Pa. M. Baker denied me this use then went on to claim that I refused this device and went on to falsify records and claim I refused this device, and also claim that I refused this device several times and signed a refusal. I'm being told the same at S.C.I.C. regarding this device and its use that this institution does not permit inmates with this illness to use such a device. That I signed a refusal several times which I did not, at S.C.I.S. I was given a misconduct because I would not obey the order given me by C.O. Ersek to sign a refusal, even though all complaints about breathing and waking in nights gasping for air have went unaddressed at this institution and at S.C.I.S. I have not been provided this health care, since I once had it, even if I did refuse the device at the time which I did not I should be provided this health care upon request. To have me taken out tested and have over night staffs at hospital then to have Dr. McGlaughlin, and Mrs Sewell claim that there is no, clinical or symptomatic evidence when record clearly show such, is done with deliberate indifference and with malice with the intent to bring me harm and or even death when the oxygen level in blood stream goes dangerous low during sleep. To know and have this information and refuse to treat based on the claim of refusal by an inmate, is unjust, then to claim that there is no evidence when there is a clear showing as inmate had over night stays in hospital and testing done, show an obvious need for this device, since inmate once did in fact have this device, and threw means out of his control he was denied such then the false claim that he refused and never did, moreover that he signed a refusal which he did not. And all request for this device and its use have went unaddressed for over 14 months. Even Ms Hannah unit manager at S.C.I.S. tried to get me the device back and was denied and met a level of indifference from the medical staff there. Even though I have requested such and put in sick call to be seen the staff here at S.C.I.C. have denied such and stated either a non-existent D.O.C. policy or institutional policy to deprive me this health care and is doing so to bring me harm or death, to know of a health condition that may cause death and refuse to treat it is done with the intent to bring harm, neglect, negligence, malpractice, to a serious illness.

For these reasons I'm bring this appeal as every night without this device put me at risk for death and the medical staff refusal to address this health care problem is done

with deliberate indifference to bring inmates harm and even death if not treated correctly.

RESPECTFULLY SUBMITTED

A handwritten signature in dark ink, appearing to read "Kim Smith", written over a horizontal line.

PROOF OF SERVICE

I certify a true and correct copy of this appeal was sent to the below listed parties by the United States Postal Service on or about Sept. 5, 2001. To the below listed parties.

GRIEVANCE APPEALS OFFICE

KIM SMITH

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

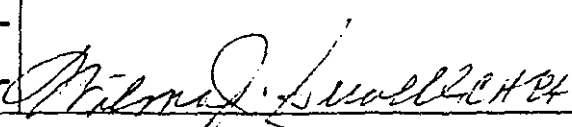
OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

NO.

GRIEVANCE

1087

TO: Kim Smith, CT-2162	FACILITY SCI-Coal Township	HOUSING LOCATION D-2-19	GRIEVANCE DATE 8-4-01
<p>The following is a summary of my findings regarding your grievance:</p> <p>Mr. Smith,</p> <p>Please allow me to reiterate some of the same message I shared with you on 8-6-01 in Grievance #0626-01 regarding a C-Pap.</p> <p>On 8-2-01, you were seen by Dr. McGlaughlin and at that time, the C-Pap Machine was discussed. An extensive review of your medical records was done and it notes, (inmate signed refusal to use C-pap and was non-compliant).</p> <p>On 7-25-01, Dr. McGlaughlin responded to a request written by you to him on 7-24-01. His response to you at that time was, Review of your chart and it is noted that you had not used the C-Pap for nearly one year, while incarcerated at Smithfield. Several signed refusals by you were found in your records regarding the C-Pap on 2-4-00 and 6-16-00. Dr. Long clearly documented on 1-5-01 to discontinue C-Pap, patient has been non-compliant and obviously does <u>not</u> need this machine. There is no clinical or symptomatic evidence of your need for C-Pap.</p> <p>The Medical Department here at SCI-Coal Township, does not issue C-Pap.</p> <p>Mr. Smith, if you would like to review your medical chart, please send a request to Ms. Phillips, Medical Records Department. She will make the necessary arrangements.</p> <p>You were also directed to seek medical treatment when needed.</p> <p>WJS/mp</p> <p>CC: Kandis Dascani, Superintendent Assistant Inmate Records, DC-15 Unit Manager File</p>			
Print Name and Title of Grievance Officer Wilma J. Sewell Health Care Administrator	SIGNATURE OF GRIEVANCE OFFICER 		DATE 8-16-01

19

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution Coal Township
(570) 644-7890
August 24, 2001

SUBJECT: Appeal from Initial Review Grievance 1087-01

TO: Kim Smith, CT-2162
D-2

FROM: 
Frank D. Gillis
Superintendent

I have received your Request for Appeal from Initial Review of the above-noted grievance and I have reviewed the entire record related to this matter.

I find the response provided you by Ms. Sewell, in her capacity as Grievance Officer, to be proper and it shall, therefore, be sustained. Your Request for Appeal from Initial Review of Grievance 1087-01 is denied.

FDG/kp

cc: Ms. Sewell
DC-15
File

Form DC-135A

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

PM 12:54

SUPERVISOR'S
OFFICE

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Sgt. Kellie

2. Date:

8-23-01

3. By: (Print Inmate Name and Number)

Kim Smith CTQ162

4. Counselor's Name

Mr. Mares

5. Unit Manager's Name

Mr. Smith

Inmate Signature

6. Work Assignment

F/S

7. Housing Assignment

D-2-19

8. Subject: State your request completely but briefly. Give details.

Appeal to governor #1037, dated 8-4-01, reply date 8-16-01

① David Mares signed a refusal for here at S.C.I.G. moreover it was issued as misconduct because I would not

② I've complained about everything possible here and at S.C.I.G. regarding my sleep apnea, and staff refused to address

③ There is medical and pulmonary evidence as it was taken to Ochsner hospital 3 times for sleep study as well as to see a pulmonologist

④ They took that I was issued the G-Pap (shams) and because the condition was there. And because it was refused the use in P.H.U. from 6-18-00 because no space was in the P.H.U. roll at S.C.I.G. and requested the use of such many times and was denied each

⑤ What Policy of the P.D.C. or this institution that prohibits the issuing of a G-Pap device when medical staff is aware

9. Response: (This Section for Staff Response Only)

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

2 of 2

1. To: (Name and Title of Officer)

Capt. [Signature]

2. Date:

8-23-01

3. By: (Print Inmate Name and Number)

Sam Smith CT 2162

4. Counselor's Name

Mr. Moser

5. Unit Manager's Name

Mr. Smith

Inmate Signature

6. Work Assignment

F/S

7. Housing Assignment

D-2-19

8. Subject: State your request completely but briefly. Give details.

health risk and even death.
 What can be gained by reviewing my medical chart with
 Mr. Phillips and your medical staff. Is it on reviewing and
 this health care and knowing the best for death, and
 making false claims that there is no clinical evidence, when
 records should show I over night stay.
 Also any request about breathing and sleep. p.a.
 sleep or medical staff, refused to address.

[Signature]

9. Response: (This Section for Staff Response Only)

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Supt. Bellie</i>	2. Date: <i>2-9-01</i>
3. By: (Print Inmate Name and Number) <i>Kim Smith CT2162</i> <i>Kim Smith</i> Inmate Signature	4. Counselor's Name <i>Mr. Moore</i> 5. Unit Manager's Name <i>Mr. Smith</i>
6. Work Assignment <i>U/A</i>	7. Housing Assignment <i>D-2-19</i>
8. Subject: State your request completely but briefly. Give details. <i>Appeal to Grievance #0626-a medical C-Pap respirator for sleep apnea.</i>	
<p> <i>I've repeatedly signed up for sick call to address this issue at S.C.T.S. and here at S.C.T.C. and was denied the use of this device. I've repeatedly complained about problems breathing during sleep and have wake gasping for air and expressed such thru request and sick call and was knowingly and intentionally denied this treatment. Why should I continue to sign up for sick call about this condition when I'm met with deliberate indifference and denial to this serious health condition. And claiming non-existent D.O.C. policy to deny health care.</i> </p> <p> <i>At no time, here or at S.C.T.S. did I sign a refusal of the use of this device, and I request that medical staff</i> </p>	
9. Response: (This Section for Staff Response Only)	
<p> <i>On 2-10-01 prohibited from getting copies to reply to grievance appeal in compliance with DC-ADM 816 and forward to Pater</i> </p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____ Date _____
 Print Sign

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

2. Date:

3. By: (Print Inmate Name and Number)

4. Counselor's Name

Inmate Signature

5. Unit Manager's Name

6. Work Assignment

7. Housing Assignment

8. **Subject:** State your request completely but briefly. Give details.

produce a sign refusal by me, and prove their claim that I knowingly and intentionally refused their health care. And not make false claims to support their denial.

③ I did not use device from 6-18-00 when placed in R.H.U. at B.C.I. & S, and in R.H.U. H Block. plugs in cells were so damaged that this device can not have been used. And the cord on the device was too short to safely use device, being placed on top bunk. Which showed I did illustrate indifference to my low back problems. And at no time did a sign or refusal to use this device, and since 6-16-00 we made a great number of request and complaints concerning the use of this device and phoned such with the false claim by staff that I refused the use of such, which I did

9. Response: (This Section for Staff Response Only)

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date _____

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
1. To: (Name and Title of Officer)		2. Date:	
3. By: (Print Inmate Name and Number)		4. Counselor's Name	
5. Unit Manager's Name		6. Work Assignment	
7. Housing Assignment		8. Subject: State your request completely but briefly. Give details.	
9. Response: (This Section for Staff Response Only)			

Staff Member Name _____ / _____ Date _____
Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer)		2. Date:	
3. By: (Print Inmate Name and Number) 		4. Counselor's Name	
		5. Unit Manager's Name	
6. Work Assignment		7. Housing Assignment	
8. Subject: State your request completely but briefly. Give details. <i>I have clinical symptomatic complaints and respiratory complaints made & was denied the health care with no concern and knowing the damage that my access to heart lungs brain when oxygen level in blood stream would go dangerously low during sleep putting me at risk for permanent failure or death I signed up for sick call and was denied this treatment or medical attention for this condition. For these reason this appeal is taken as I am disappointed about what I'm being told concerning the health care.</i> <i>Since this is a health care issue, also superseded and anticipated your decision and moved this appeal to central office for final review so this case can be amended and added to a pending 1993 for damages for denial of.</i>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer)		2. Date:	
3. By: (Print Inmate Name and Number) _____ _____ Inmate Signature		4. Counselor's Name _____ 5. Unit Manager's Name _____	
6. Work Assignment		7. Housing Assignment	
8. Subject: State your request completely but briefly. Give details. of health care for this serious condition. (Re) in the past you have supported the denial of health care, and abuse of staff as I feel I have no other alternative but to seek the intervention of federal, for civil punishment, civil rights violation, and denial of this health care, and attempted murder, from this denial. ④ Dep-C treatment, at no time, was I advised that I had a Dep-C-4 virus, and that my usual blood count was close from 202,000 to 500,000 if properly treated. Intervention: of Inspector General Dept. U. S. Government Proof of Virus: Went to Lab and listed Positive on 8-15-05 USG, Director, Const. Medical, Camp Hill Vaccination against Dept. U. S. Government 9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
Print Sign

DC-804
Part 11 of 2
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0626-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Ken B. Dascan</i>	FACILITY: <i>SCFC</i>	DATE: <i>7-27-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>U/A</i>	HOUSING ASSIGNMENT: <i>D-2-19</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 7-25-01 Dr McLaughlin refused me my C-Pop device for my elephant. For 1 year since June of 2000 I've been requesting this device, and denied such with the false claim that I signed a re-misconduct because I would not sign such at S.C.I.S. And I never signed refusal by me and all complaints have went unaddressed. Their treatment that I once had. Now should I have to be signed by sign was for

B. List actions taken and staff you have contacted, before submitting this grievance.

Dr McLaughlin & Exlie Pacion

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K B Dascan

Signature of Facility Grievance Coordinator

8/1/01

Date

DC-804
Part 1

2 of 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0626-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K. DASCANI</i>	FACILITY: <i>SCIC</i>	DATE: <i>7-27-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>U/A</i>	HOUSING ASSIGNMENT: <i>D-2-19</i>	

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A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

sick call to get this condition addressed. Denial of it will put me at risk for serious health problems, when oxygen level in blood stream goes dangerously low during sleep. If my complaints thru request slips are not addressed who can such be determined if I've not been seen for this condition or monitored damages will be sought for any sustained

B. List actions taken and staff you have contacted, before submitting this grievance.

for denial of this health care

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. Dascani

Signature of Facility Grievance Coordinator

8/1/01

Date

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001


OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

GRIEVANCE

0626-01

NO.

TO: Kim Smith, CT-2162	FACILITY SCI-Coal Township	HOUSING LOCATION D-2-19	GRIEVANCE DATE 7-27-01
<p>The following is a summary of my findings regarding your grievance:</p> <p>Mr. Smith,</p> <p>First of all, if you do not come to Sick Call, how can Medical staff know you have a problem?</p> <p>Mr. Smith, after careful review of your medical chart and after speaking with Dr. McGlaughlin, the following are my findings:</p> <p>On 8-2-01, you were seen by Dr. McGlaughlin and at that time, the C-Pap Machine was discussed. An extensive review of your medical records was done and it notes, (inmate signed refusal to use C-pap and was non-compliant).</p> <p>On 7-25-01, Dr. McGlaughlin responded to a request written by you to him on 7-24-01. His response to you at that time was, Review of your chart and it is noted that you had not used the C-Pap for nearly one year, while incarcerated at Smithfield. Several signed refusals by you were found in your records regarding the C-Pap on 2-4-00 and 6-16-00. Dr. Long clearly documented on 1-5-01 to discontinue C-Pap, patient has been non-compliant and obviously does <u>not</u> need this machine. There is no clinical or symptomatic evidence of your need for C-Pap. You were directed to use Sick Call when needed.</p> <p>WJS/mp</p> <p>CC: Kandis Dascani, Superintendent Assistant Inmate Records, DC-15 Unit Manager File</p>			
Print Name and Title of Grievance Officer Wilma J. Sewell Health Care Administrator	SIGNATURE OF GRIEVANCE OFFICER 		DATE 8-6-01